

COMPLAINT - SUMMONS

COMPLAINT NUMBER				THE STATE OF NEW JERSEY	
0308	S	2022	000015	VS.	
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	ALIYAH R SIMPKINS	
CINNAMINSON MUNICIPAL COURT 1621 RIVERTON RD CINNAMINSON NJ 08077-0000 856-829-4027 COUNTY OF: BURLINGTON				ADDRESS: 525 W. ASHDALE STREET PHILADELPHIA PA 19120-0000	
# of CHARGES 1	CO-DEFTS	POLICE CASE #: 202201656	DEFENDANT INFORMATION		
COMPLAINANT P/O K BOHN #57 NAME: 900 MANOR RD CINNAMINSON NJ 08077			SEX: F EYE COLOR: BROWN DOB: [REDACTED] DRIVER'S LIC. # [REDACTED] DL STATE: [REDACTED] SOCIAL SECURITY # [REDACTED] SBI #: [REDACTED] TELEPHONE #: [REDACTED] (c) LIVESCAN PCN #: 030802003286		
By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 01/23/2021 in CINNAMINSON TWP, BURLINGTON County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE OFFENSE OF SHOPLIFTING BY PURPOSELY TAKING POSSESSION OF, CARRYING AWAY, TRANSFERRING, OR CAUSING TO BE CARRIED AWAY OR TRANSFERRED MERCHANDISE, SPECIFICALLY DESCRIBED AS CONSUMER GOODS VALUED AT \$ 160.84 DISPLAYED, HELD, STORED OR OFFERED FOR SALE BY SHOPRITE WITH THE INTENT TO DEPRIVE SHOPRITE OF THE POSSESSION, USE, OR BENEFIT OF THE MERCHANDISE BY CONVERTING THE MERCHANDISE TO HER OWN USE WITHOUT PAYING SHOPRITE THE FULL RETAIL VALUE THEREOF, SPECIFICALLY BY TAKING \$160.84 WORTH OF CONSUMERS GOOD WITHOUT PAYING FOR THE ITEMS PAST POINTS OF SALE.					
in violation of:					
Original Charge	1) 2C:20-11B(1)		2)	3)	
Amended Charge					
CERTIFICATION: I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. Signed: P/O K BOHN #57 Date: 01/23/2022					
The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.					
SUMMONS YOU ARE HEREBY SUMMONED to appear before the Municipal Court in the county of: BURLINGTON at the following address: CINNAMINSON MUNICIPAL COURT 1621 RIVERTON RD CINNAMINSON NJ 08077-0000 If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest. Date of Arrest: 01/23/2021 Appearance Date: 02/28/2022 Time: 10:00AM Phone: 856-829-4027 Signature of Person Issuing Summons: P/O K BOHN #57 Date: 01/23/2022					
☐ Domestic Violence – Confidential		☐ Related Traffic Tickets or Other Complaints		☐ Serious Personal Injury/ Death Involved	
Special conditions of release: ☐ No phone, mail or other personal contact w/victim ☐ No possession firearms/weapons ☐ Other (specify):				ORIGINAL Page 1 of 7 NJ/CDR1 1/1/2017	

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER

0308**S****2022****000015**

COURT CODE PREFIX YEAR SEQUENCE NO.

STATE V.

ALIYAH R SIMPKINS

FTA Bail Information

Date Bail Set:

Amount Bail Set: \$ _____ by: _____

☐ Bail Recog. AttachedReleased
on Bail

R.O.R.

Committed
DefaultCommitted
w/o Bail

Place Committed:

Date Referred to
County Prosecutor: _____Date of First
Appearance: **02/28/2022**☐ Advised of Rights by _____Defendant Desires Counsel:
☐ Yes ☐ No**Prosecuting Attorney Information****Defense Counsel Information**

Name:

Name:

State County Municipal Other

None Retained Public Def Assigned Waived Other

Original Charge

1) **2C:20-11B(1)**

2)

3)

Amended Charge

Waiver Indt/Jury

Plea/Date of Plea

Plea:

Date:

Plea:

Date:

Plea:

Date:

Adjudication (* see code)

Finding
Code:

Date:

Finding
Code:

Date:

Finding
Code:

Date:

Jail Term

Jail time credit

Susp. Imp

Jail time credit

Susp. Imp

Jail time credit

Susp. Imp

Probation Term

Susp. Imp

Susp. Imp

Susp. Imp

Cond. Discharge Term

Community Service

D/L Suspension Term

Fines/Costs

Fines:

Costs:

Fines:

Costs:

Fines:

Costs:

VCCB/SNSF

VCCB:

SNSF:

VCCB:

SNSF:

VCCB:

SNSF:

DEDR/Lab Fee

DEDR:

LAB:

DEDR:

LAB:

DEDR:

LAB:

CD Fee/Drug Ed Fnd

CD:

DAEF:

CD:

DAEF:

CD:

DAEF:

DV Surch/Other Fees

DV:

Other:

DV:

Other:

DV:

Other:

Restitution

Beneficiary: _____

Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:**Related Traffic Tickets and Complaints:***** Finding Codes**

- 1 – Guilty
- 2 – Not Guilty
- 3 – Dismissed – Other
- 4 – Guilty but Merged
- 5 – Dismissed-Rule
- 6 – Dismissed Lack of Prosecution
- 7 – Dismissed – Pros Motion/Vic Req
- 8 – Conditional Discharge
- D – Dismissed- Prosecutor Discretion
- M – Dismissed- Mediation
- P – Dismissed-Plea Agreement
- S – Disposed at Superior
- W – Dismissed-False ID

ORIGINAL - Court Action

JUDGE'S SIGNATURE

DATE

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NJ/CDR1 1/1/2017

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0308	S	2022	000015
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

CINNAMINSON MUNICIPAL COURT
1621 RIVERTON RD
CINNAMINSON NJ 08077-0000
856-829-4027 COUNTY OF: BURLINGTON

of CHARGES: 1 CO-DEFTS: POLICE CASE #: 202201656

COMPLAINANT NAME: P/O K BOHN #57

THE STATE OF NEW JERSEY

VS.

ALIYAH R SIMPKINS

ADDRESS: 525 W. ASHDALE STREET

PHILADELPHIA

PA 19120-0000

DEFENDANT INFORMATION

SEX: F EYE COLOR: BROWN

DOB: [REDACTED]

DRIVER'S LIC. # [REDACTED]

DL STATE: [REDACTED]

SOCIAL SECURITY # [REDACTED]

SBI # [REDACTED]

TELEPHONE #: [REDACTED] (C)

LIVSCAN PCN #: 030802003286

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **01/23/2021** in **CINNAMINSON TWP**, **BURLINGTON County, NJ** did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE OFFENSE OF SHOPLIFTING BY PURPOSELY TAKING POSSESSION OF, CARRYING AWAY, TRANSFERRING, OR CAUSING TO BE CARRIED AWAY OR TRANSFERRED MERCHANDISE, SPECIFICALLY DESCRIBED AS CONSUMER GOODS VALUED AT \$ 160.84 DISPLAYED, HELD, STORED OR OFFERED FOR SALE BY SHOPRITE WITH THE INTENT TO DEPRIVE SHOPRITE OF THE POSSESSION, USE, OR BENEFIT OF THE MERCHANDISE BY CONVERTING THE MERCHANDISE TO HER OWN USE WITHOUT PAYING SHOPRITE THE FULL RETAIL VALUE THEREOF, SPECIFICALLY BY TAKING \$160.84 WORTH OF CONSUMERS GOOD WITHOUT PAYING FOR THE ITEMS PAST POINTS OF SALE.

in violation of:

Original Charge

1) 2C:20-11B(1)

2)

3)

Amended Charge

CERTIFICATION:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment

Signed: P/O K BOHN #57

Date: 01/23/2022

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS

YOU ARE HEREBY SUMMONED to appear before the Municipal Court in the county of: BURLINGTON

at the following address: CINNAMINSON MUNICIPAL COURT

1621 RIVERTON RD

CINNAMINSON

NJ 08077-0000

If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

Date of Arrest: 01/23/2021 Appearance Date: 02/28/2022 Time: 10:00AM Phone: 856-829-4027

Signature of Person Issuing Summons: P/O K BOHN #57 Date: 01/23/2022

☐ Domestic Violence – Confidential

☐ Related Traffic Tickets or Other Complaints

☐ Serious Personal Injury/ Death Involved

Special conditions of release:

- ☐ No phone, mail or other personal contact w/victim
- ☐ No possession firearms/weapons
- ☐ Other (specify):

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER

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SEQUENCE NO.

CINNAMINSON MUNICIPAL COURT

1621 RIVERTON RD

CINNAMINSON

NJ 08077-0000

856-829-4027 COUNTY OF: **BURLINGTON**

of CHARGES
1

CO-DEFTS

POLICE CASE #:
202201656

COMPLAINANT P/O

K BOHN #57

NAME:

900 MANOR RD

CINNAMINSON

NJ 08077

THE STATE OF NEW JERSEY

VS.

ALIYAH R SIMPKINS

ADDRESS:

525 W. ASHDALE STREET

PHILADELPHIA

PA 19120-0000

DEFENDANT INFORMATION

SEX: **F** EYE COLOR: **BROWN**

DOB: **01/23/2021**

DRIVER'S LIC. # **[REDACTED]**

DL STATE: **[REDACTED]**

SOCIAL SECURITY # **[REDACTED]**

SBI #: **[REDACTED]**

TELEPHONE #: **[REDACTED] (C)**

LIVESCAN PCN #: **030802003286**

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **01/23/2021** in **CINNAMINSON TWP**, **BURLINGTON County, NJ** did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE OFFENSE OF SHOPLIFTING BY PURPOSELY TAKING POSSESSION OF, CARRYING AWAY, TRANSFERRING, OR CAUSING TO BE CARRIED AWAY OR TRANSFERRED MERCHANDISE, SPECIFICALLY DESCRIBED AS CONSUMER GOODS VALUED AT \$ 160.84 DISPLAYED, HELD, STORED OR OFFERED FOR SALE BY SHOPRITE WITH THE INTENT TO DEPRIVE SHOPRITE OF THE POSSESSION, USE, OR BENEFIT OF THE MERCHANDISE BY CONVERTING THE MERCHANDISE TO HER OWN USE WITHOUT PAYING SHOPRITE THE FULL RETAIL VALUE THEREOF, SPECIFICALLY BY TAKING \$160.84 WORTH OF CONSUMERS GOOD WITHOUT PAYING FOR THE ITEMS PAST POINTS OF SALE.

in violation of:

Original Charge

1) **2C:20-11B(1)**

2)

3)

Check

✓

Certification by Police Regarding Complaint-Summons

✓

I certify that I served the complaint-summons by delivering a copy to the defendant personally.

I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over

Name of family member over 14 years of age

I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address.

Defendant's last known address

I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf.

Name and title of authorized person

Other manner of service: I certify that I served the complaint-summons in the following manner: _____

I certify that I was unable to serve the complaint-summons.

Signed: **P/O K BOHN #57 CINNAMINSON POLICE DEPT**
Name, Title and Department of Officer

Date of Action: **01/23/2022**

**RETURN OF SERVICE
INFORMATION**

Affidavit of Probable Cause

COMPLAINT NUMBER

0308**S****2022****000015**

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SEQUENCE NO.

CINNAMINSON MUNICIPAL COURT**1621 RIVERTON RD****CINNAMINSON****NJ 08077-0000****856-829-4027****COUNTY OF: BURLINGTON**

of CHARGES

CO-DEFTS

POLICE CASE #:

1**202201656**

COMPLAINANT P/O

K BOHN #57

NAME:

900 MANOR RD**CINNAMINSON****NJ 08077****THE STATE OF NEW JERSEY****VS.****ALIYAH R SIMPKINS**

ADDRESS:

525 W. ASHDALE STREET**PHILADELPHIA****PA 19120-0000**

DEFENDANT INFORMATION

SEX: **F** EYE COLOR: **BROWN**

DOB: [REDACTED]

DRIVER'S LIC. #:

DL STATE: **PA**

SOCIAL SECURITY #:

SBI #: [REDACTED]

TELEPHONE #: [REDACTED] (C)

LIVESCAN PCN #: **030802003286**

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:

Affidavit of Probable Cause**Page 5 of 7****1/1/2017**

Affidavit of Probable Cause

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THE STATE OF NEW JERSEY

VS.

ALIYAH R SIMPKINS

2. I am aware of the facts above because: (Included, but not limited to: your observations, statements of eyewitnesses, defendant's admission, etc.)

I AM THE INVESTIGATING OFFICER

3. If victim was injured, provide the extent of the injury:

Certification:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: P/O K BOHN #57 LAW ENFORCEMENT OFFICER Date: 01/23/2022

Affidavit of Probable Cause

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1/1/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER

0308**S****2022****000015**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

CINNAMINSON MUNICIPAL COURT**1621 RIVERTON RD****CINNAMINSON****NJ 08077-0000****856-829-4027** COUNTY OF: **BURLINGTON**

of CHARGES

1

CO-DEFTS

POLICE CASE #:

202201656

COMPLAINANT P/O

K BOHN #57

NAME:

900 MANOR RD**CINNAMINSON****NJ 08077****THE STATE OF NEW JERSEY****VS.****ALIYAH R SIMPKINS**

ADDRESS:

525 W. ASHDALE STREET**PHILADELPHIA****PA 19120-0000**

DEFENDANT INFORMATION

SEX: **F** EYE COLOR: **BROWN**

DOB: [REDACTED]

DRIVER'S LIC. #: [REDACTED]

DL STATE: [REDACTED]

SOCIAL SECURITY #: [REDACTED]

SBI #: [REDACTED]

TELEPHONE #: [REDACTED] (C)

LIVESCAN PCN #: **030802003286**

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

Certification:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: _____

Date: _____

Preliminary Law Enforcement Incident Report**Page 7 of 7****7/20/2018**